PETITION FOR TRANSFER OF STUDENTS (please write legibly)

STATE OF ARKANSAS	cc	OUNTY OF TOO	ependence
TO THE BOARD OF DIRECTORS OF THE BOARD	suille Sch	nool District)	n'ct
1. Hunter Chinn-Wood Batesville	, petition that my ch		below, now residing in the y, Arkansas, be transferred
to the <u>Cedar Ridge</u>	School Distric	in Independent	County, Arkansas, for
educational purposes under the provisions of Ark. Code A	Ann. § 6-18-316 author	izing such a transfer, eff	ective the day of
Deptember, 20_1			
Lillith NAME		AGE	GRADE
Lillith Payton		4	22
Braxton Payton		4	2 20
	JEN	1 1 11	
Hunter Chinn-Wood (Printed Name of Petitioner)	Xd	4/1/	int
(Printed Name of Petitioner)	(Signature	of Petitioner)	
ay - Day 1 may		1/: 01 1	1 0
840 - 805 - 6821 (Petitioner's Phone Number)		Kirby L 's Address)	,13
(2 - moner of none realise)	(1 cuttoffer		
Charlotte AR 42522 (Petitioner's City and Zip Code)			
(Petitioner's City and Zip Code)			

PETITION FOR TRANSFER OF STUDENTS (please write legibly)

STATE OF ARKANSAS			ependonce
to the board of directors of the Bates	ville School (Residen	District School District)	
I, Rhonda Wood Batesville to the Cedar Ridge educational purposes under the provisions of Ark. Code A september, 20 25.	, petition that my children School District in School District in nn. § 6-18-316 authorizing s	or wards, as listed ponce Count Indepense such a transfer, eff	below, now residing in the y, Arkansas, be transferred County, Arkansas, for ective the day or
NAME		AGE	GRADE
Andrew Thomas Wa	d	10	54
Rhonda Wood (Printed Name of Petitioner) SHO-613-4803 (Petitioner's Phone Number) Charlotte, AR 42522 (Petitioner's City and Zip Code)	(Petitioner's Add	Kirby L	ood

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PETITION FOR TRANSFER OF STUDENTS (please write legibly)

STATE OF ARKANSAS	COUNTY O	Inde	pendence
TO THE BOARD OF DIRECTORS OF THE BOARD OF DIRECTORS OF THE	e School (Resident Sch	District)	ct
I, Lee Ann Johnson, peti Batesville, Scho	tion that my children or vool District in Independent	vards, as listed lender	below, now residing in the Arkansas, be transferred
NAME		AGE	GRADE
Tyler Johnson		10	Ч
Titan Johnson		8	3
Taylor Johnson		6	
Lee Ann Johnson (Printed Name of Petitioner) 8 70 805 1768 (Petitioner's Phone Number) 8 30 805 1768 (Petitioner's Phone Number)	Signature of Petition (Signature of Petition (Petitioner's Address	^{er)}	2001 Din loop
(i cadoner's City and Zip Code)			

The Board of Directors of	Batesville	School District of
Independance county, conser	nts to have the student (s)	listed above transferred from said
school district.		
Sept. 15, 2025		
Date Board Authorized Transfer		President of School Board
		Superintendent
CONSENT OF RECEIVING DISTRIC	СТ	
The Board of Directors of	School D	istrict of
County, consents to have the stud	ent (s) listed above transfe	erred to said school district.
Date Board Authorized Transfer		President of School Board

After the petition has been approved by the Board of Directors of the resident district and the Board of Directors of the receiving district, copies of approved transfers shall be filed by the receiving district with: (1) the office of the county clerk, (2) the administrative offices of the receiving district, (3) the administrative offices of the resident district, and (4) the Arkansas Department of Education State LEA Funding, Four Capitol Mall, Room 202-A, Little Rock, Arkansas 72201. If the receiving district covers areas in more than one county, copies should be filed with both county clerks.

TRANSFER OF STUDENTS
AFFIDAVIT

According to Ark. Code Ann. § 6-18-317:

Revised 01/2018